



LAB OFFERING SUBMISSION FORM
 FOR TIMETABLING PURPOSES
 REGULAR (FALL/WINTER) SESSION
 YEAR 20__ - __

DEPARTMENT NAME/NUMBER: _____

PROPOSED LABS

COURSE NUMBER	SECTION (Zxx) *	TERM 1 / 2 / B	COURSE TITLE	STUDENTS REGISTER? **		PROPOSED INSTRUCTOR (Last name, first initial)	CROSS-LISTED?		LAB CAP	DAY	TIMES	BLDG/ ROOM
				YES	NO		Y/N	DEPT.				

* If only one section is offered in a term it will be section Z01, evening labs will be Z10. Please leave blank if unsure
 ** Please indicate any lab section that requires mandatory registration by students when selecting the corresponding course

Comments/Special Requirements: _____

LAB OFFERINGS APPROVED BY CHAIR: _____ LAB OFFERINGS APPROVED BY DEAN: _____ DATE: _____